Please type a plus sign (+) inside

JAN 2 9 2002

Under the Paper

PTO/SB/82 (10-09)

Approved for use through 10/31/2002. OMB 0651-0933

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/177,711	EN
Filing Date	10/23/98	H.
First Named Inventor	Adams, M.	
Group Art Unit	1617	600/2900
Examiner Name	Wang, S.	99
Attorney Docket Number	10692V-000210	9

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:								
☐ A Power of Attorney or Authorization of Agent is submitted herewith. OR								
□ Pleas	☑ Please change the correspondence address for the above-identified application to:							
☐ Customer Number 20350 Place Customer Number Bar Code Label here								
OR								
☐ Firm <i>or</i> Individual	Name							
Address								
Address								
City								
Country				State		ZIP		
Telephone				Fax				
I am the:		-						
☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name	George Ho	ood						
Signature			1					
Date	December							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of forms are submitted.								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. WC 9032682 v1

Approved for u ugh 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Attorney Docket No.

STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Queen's University at h	Kingston	R					
Application No./Patent No.: 09/177,711	Kingston Filed/Issue Date: 10/23/98 TMENT OF ERECTILE DYSFUNCTION , a university (Type of Assignee, e.g., corporation, partnership, university, government agency, et	NIER					
Entitled: COMBINATION THERAPY FOR TREA	TMENT OF ERECTILE DYSFUNCTION	하					
Queen's University at Kingston	, a <u>university</u>	3					
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, et	뎑					
states that it is:	Č	5					
1. the assignee of the entire right, title	1.						
2. an assignee of an undivided part in	terest						
in the patent application/patent identified above to	by virtue of either:						
A. An assignment from the inventor(s) of the recorded in the Patent and Trademark Off attached.	patent application/patent identified above. The assignment was ice at Reel 9736, Frame 0972, or for which a copy thereof is						
OR							
B. A chain of title from the inventor(s), of the shown below:	patent application/patent identified above, to the current assignee as						
1. From:	To:						
	Inited States Patent and Trademark Office at						
2. From:	To:						
The document was recorded in the UReel, Frame, or for whi	Inited States Patent and Trademark Office at ich a copy thereof is attached.						
3. From:	To:						
	Inited States Patent and Trademark Office at ich a copy thereof is attached.						
☐ Additional documents in the chain of	title are listed on a supplemental sheet.						
Copies of assignments or other documents i	n the chain of title are attached.						
[NOTE: A separate copy (i.e., the original ass must be submitted to Assignment Division in recorded in the records of the USPTO. See N	signment document or a true copy of the original document) accordance with 37 CFR Part 3, if the assignment is to be MPEP 302.8]						
The undersigned (whose title is supplied below)	is empowered to sign this statement on behalf of the assignee.						
December 14, 2001							
Date	Signature						
	George/Hood						
	Typed or printed name						
	VP Advancement						
	Title						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.